

ComplaintRejectedNotification_EmailtoEODOfficer.txt
From: NoReply@das.state.oh.us

To: zenith.Milton@das.ohio.gov

cc:

Subject: Complaint #1557 is Rejected

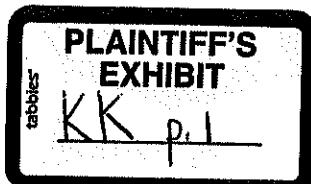
Dear EOD Officer:

This e-mail serves to inform you that EEO Discrimination Complaint #1557 has been rejected and should be closed.

Sincerely,

The Equal Opportunity Division
1-614-466-8380

Page 1



EOD Discrimination Complaint System

W

Complaint Form Final Disposition Comments Attachments Exit LogOut

Complaint Number: 1557

Complaint Status: Closed

Complainant Last Name: Shoemake

Complainant First Name: Jerome
Name:

Primary phone: 419-525-1634 Ext.

Complaint Assigned to: Zenith Milton

Agency Filed Against: Department of Rehabilitation and Correction

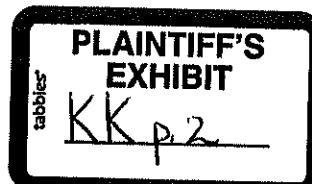
Final Disposition

Closure Information

Closure Reason: Lack Of Jurisdiction

Date Closure Letter Sent: 05/08/2019

Closure Date: 05/08/2019



EOD Discrimination Complaint Form

Complaint Number: 1557

Date Complaint Filed: 03/15/2019

Last Name: Shoemake

First Name: Jerome

Middle Initial: F

Email Address: shoeberry@aol.com

Primary phone: 419-525-1634

Ext.:

Alternate phone:

Home Address: 147 North Mulberry Street

City: Mansfield

State: OH

Zip code: 44902

Are you presently working for the State of Ohio? Yes No If yes, which agency: Department of Rehabilitation and Correction

Check the appropriate area(s) of discrimination:

| | |
|---|--|
| <input checked="" type="checkbox"/> Age (40+ years) | <input checked="" type="checkbox"/> Ancestry |
| <input checked="" type="checkbox"/> Color | <input checked="" type="checkbox"/> Disability |
| <input checked="" type="checkbox"/> Gender Identity Or Expression | <input checked="" type="checkbox"/> Gender/Sex |
| <input checked="" type="checkbox"/> Genetic Information | <input checked="" type="checkbox"/> Military Status |
| <input checked="" type="checkbox"/> National Origin/Ancestry | <input checked="" type="checkbox"/> Other |
| <input checked="" type="checkbox"/> Parental Status: Parent During Pregnancy Or Immediately After Birth | <input checked="" type="checkbox"/> Parental Status: Foster Parent |
| <input checked="" type="checkbox"/> Parental Status: Parent Of Young Child | <input checked="" type="checkbox"/> Race |
| <input checked="" type="checkbox"/> Religion | <input checked="" type="checkbox"/> Sex |
| <input checked="" type="checkbox"/> Sexual Orientation | |

Check the appropriate area(s) of Discriminatory harassment:

| | |
|---|--|
| <input checked="" type="checkbox"/> Age (40+ years) | <input checked="" type="checkbox"/> Ancestry |
| <input checked="" type="checkbox"/> Color | <input checked="" type="checkbox"/> Disability |
| <input checked="" type="checkbox"/> Gender Identity Or Expression | <input checked="" type="checkbox"/> Gender/Sex |
| <input checked="" type="checkbox"/> Genetic Information | <input checked="" type="checkbox"/> Military Status |
| <input checked="" type="checkbox"/> National Origin/Ancestry | <input checked="" type="checkbox"/> Other |
| <input checked="" type="checkbox"/> Parental Status: Parent During Pregnancy Or Immediately After Birth | <input checked="" type="checkbox"/> Parental Status: Foster Parent |
| <input checked="" type="checkbox"/> Parental Status: Parent Of Young Child | <input checked="" type="checkbox"/> Race |
| <input checked="" type="checkbox"/> Religion | <input checked="" type="checkbox"/> Sex |
| <input checked="" type="checkbox"/> Sexual Harassment | <input checked="" type="checkbox"/> Sexual Orientation |

Retaliation (based on involvement with a current or previous discrimination complaint):

Race of the complainant: Black

Sex of the complainant: Male

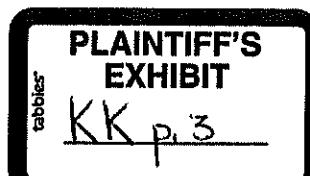
Employee Status: Bargaining Unit

Name of the agency you believe discriminated against you: Department of Rehabilitation and Correction

Location of the agency you believe discriminated against you: *Other--Office Not Listed (Please Give Address In Description)

Name(s) and title(s) of person(s) you believe discriminated against you:

| Name(s) | Title(s) |
|-------------|-------------------------|
| Janet Tobin | Labor Relations Officer |
| John Bond | HR Director |



| Name(s) | Title(s) |
|-------------|----------|
| Ed Sheldon | Warden |
| Kurt Dahlby | Captain |

Have you filed a complaint that involves similar issues with the federal Equal Employment Opportunity Commission (EEOC)? Yes
 No

Have you filed a complaint that involves similar issues with the Ohio Civil Rights Commission (OCRC)? Yes No

Have you filed a Union grievance regarding the incident(s)? Yes No

Most recent date of alleged discrimination: 03/08/2019

State Agency where you were employed at the time of alleged discrimination: Department of Rehabilitation and Correction

Job Title at the Time of Alleged Discrimination:

What employment related decision was influenced, impacted, or related to the alleged discrimination, harassment, or retaliation?

| | |
|---|---|
| <input type="checkbox"/> Assignment Of Duties/Work | <input type="checkbox"/> Demotion |
| <input type="checkbox"/> Discipline | <input type="checkbox"/> Disparate Treatment |
| <input type="checkbox"/> Hiring | <input type="checkbox"/> Lay-Off |
| <input type="checkbox"/> Other (Please Explain In Discrimination Explanation) | <input type="checkbox"/> Probationary Removal |
| <input type="checkbox"/> Promotion | <input type="checkbox"/> Rate Of Compensation |
| <input type="checkbox"/> Retaliation For Exercising Protected EEO Right | <input type="checkbox"/> Suspension |
| <input type="checkbox"/> Term Or Condition Of Employment (Ex: Work-Culture/Environment) | <input type="checkbox"/> Termination |
| <input type="checkbox"/> Training | <input type="checkbox"/> Transfer |

This explanation section is very important. Please describe how the acts of discrimination, harassment, or retaliation were because of your status (age, race, gender, etc.) and resulted in the employment-related decision you selected above. For discrimination or retaliation only describe details, conversations, or information that occurred on the date you listed above. For harassment please describe details, conversations, or information that occurred on the date you listed AND on past dates to demonstrate the harassment was ongoing. Be as specific and clear as you are able. You may add attachments if necessary.

I believe that agents of the company (i.e., Ms. Janet Tobin (LR), Mr. John Bond (Director HR), Mr. Ed Sheldon (Warden), and Kurt Dahlby (Captain)) are vicariously liable because their decision to retaliate against me for inquiring about DRC 39-TRN-02 Policy, and requesting to be paid for off-the-clock work, is contrary to the employer's good faith efforts to comply with 42 U.S. Code § 2000e-3 [Section 704] of Title VII. --See Attachments--- Complaint was emailed to EOD on March 8, 2019.

Complaint Submitted By: J. Adair, EEO Program Manager

